## **United States Bankruptcy Court Southern District of New York**

In re: Lehman Brothers Holdingsd Inc

Case No.

08-13555 (JMP)

## TRANSFER OF CLAIMS OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111 (a). Transferee hereby gives evidence and notice pursuant to Rule 3001 (e) (2), Fed. R. Bank. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

KTS Kensington Square Trust S.à.r.l.	Five Stars S.A.	
Name of the Transferee	Name of the Transferor	
Name and Address where notices to transferee should be Sent:	Court Claim # (if Known): 21742	
1 Rue Nicolas Simmer 2-2538 Luxembourg	Amount of Claim:100% of the total filed under Claim number 21742	
Email: c.diverchy@taxconsult.lu	Date Claim Filed: 21/09/2009	
Tel: + 352 24 69 94		

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: Transferee's Agent

By: Toolwood John Date: 15/11/2012

Transferor/Transferor's Agent

Penality for making a false statement: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076		PROOF OF CLAIM  Filed: USBC - Southern District of New York		
New York, NY 10150-5076	Chapter II	Lehman B	rothers Holdings Inc., Et Al.	
In Re: Lehman Brothers Holdings Inc., et al.	Chapter 11 Case No. 08-13555 (JMP)		08-13555 (JMP) 0000021742	
Debtors.  Name of Debtor Against Which Claim is Held	(Jointly Administered)  Case No. of Debtor		114 1 8 3 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Lehman Brothers Holdings Inc.	08-13555	HA I I ANDRES HAS ESTABLISHED BOX BOX		
NOTE: This form should not be used to make a cafeer the commencement of the case. A request I may be filed pursuant to 11 U.S.C. § 503. Additional claim for Lehman Programs Securities (See def	Plaim for an administrative expense arising or payment of an administrative expense	THE COLOR	E FOR COURT USE ONLY	
a claim for Lehman Programs Securities (See def	finition on reverse side.)	THIS SPACE IS FOR COURT USE ONLY		
Name and address of Creditor: (and name and different from Creditor)	l address where notices should be sent if	Check this box to indicate that this claim amends a previously filed claim.		
Five Stars S.A. Attn: Marina Padalino Boulevard du Prince Henri 19-21 L-1724 Luxembourg Grand Duchy of Luxembou	urg	Court Claim Number: (If known)		
		Filed on:		
+352461411238	Email Address: marina.padalino@seb.lu			
Name and address where payment should be	sent (if different from above)	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Telephone number	Fmail Address:	Check this box if you are the debtor or trustee in this case.		
Telephone number: Email Address: debtor or trustee in this case.  1. Amount of Claim as of Date Case Filed: \$ See Schedule A   If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim is based on a Derivative Contract.*  Check this box if all or part of your claim is based on a Guarantee.*  *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lchman-claims.com AND SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.  J. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lchman-claims.com if claim is a based on a Derivative Contract or Guarantee.  2. Basis for Claim: ISDA Master Agreement and Guarantee as described in Schedule A (See instruction #2 on reverse side.)  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property: \$ Annual Interest Rate		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().  Amount entitled to priority:		
(See instruction #6 on reverse side.)  7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:  Date:  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address aboye. Attach copy of power of attorney, if any.		FILED / RECEIVED  SEP 2 1 2009  EPIG BANKRUPTCY SOLUTIONS, LLC		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.				